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MINISTERO DELL’ISTRUZIONE

UFFICIO SCOLASTICO REGIONALE PER IL LAZIO

**I S T I T U T O C O M P R E N S I V O “PIO FEDI”**

**01026 GROTTE S. STEFANO (VT)**

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**REGISTRO**

**delle Attività Didattiche**

*Progetto*

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**Docente Referente**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Docenti:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Orario Settimanale**

**Giorno\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dalle Ore\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ alle ore\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Totale presenze allievi del giorno nr° \_\_\_\_\_\_\_\_\_\_\_\_

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I docenti presenti

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Dott.ssa Giovanna Diana

RELAZIONE FINALE A CONCLUSIONE DELL’ATTIVITÀ

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Data \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IL DOCENTE REFERENTE

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Visto: IL DIRIGENTE SCOLASTICO

Dott.ssa Giovanna Diana